

# LEASE ORDER INPUT FORM

Department/Organization Name



7th Commonwealth of Massachusetts

Office of the Comptroller

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Trans LO	Dept	R/Org	Number	LO Date	Acctg Prd	BFY	Action Entry (E) Modify (M)		Revision Date: 5/15/95
Vendor Code			Vendor Name					Description	
Lease Type	Comments:			PV Number	PV Start Date	PV End Date	Sched ID		
Document Total				Imputed Interest Rate			Renewal Indicator		

Ln	Dept	Org	S/Org	Approp	Sub	Obj	S/Obj	Prog	Ty	Proj/CI/Group	Rptg
Periodic Payment				Term of agreement From To		Line Amount			I/D	Out-Yr Obligation Amt	Yrs

Ln	Dept	Org	S/Org	Approp	Sub	Obj	S/Obj	Prog	Ty	Proj/CI/Group	Rptg
Periodic Payment				Term of agreement From To		Line Amount			I/D	Out-Yr Obligation Amt	Yrs

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Periodic Payment				Term of agreement From To		Line Amount			I/D	Out-Yr Obligation Amt	Yrs

Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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